1. Introduction

Tobacco use remains one of our most significant public health challenges. One in two people who use tobacco will die as a direct consequence of its use. Whilst smoking rates have declined over recent decades, prevalence in South Gloucestershire remains around 14% or just under 30,000 smokers. This figure is below the England average, however it masks huge inequalities within our area with smoking prevalence around 24% in some communities. Smoking is the biggest contributor to poor physical health outcomes for people with mental health problems. National data tells us that smoking prevalence amongst this group is much higher than in the general population with rates as high as 32% amongst people with a common mental health disorder, and higher still in people with more severe disease.

Tackling these inequalities will be the core challenge for South Gloucestershire’s approach to tobacco control in the years ahead.
2. Tobacco control

The term tobacco control refers to an internationally recognised, evidence based approach to tackling the harm caused by tobacco. National and international evidence has demonstrated that in order to eliminate the health and economic burden of tobacco use, there is a need for a comprehensive mix of educational, clinical, regulatory, economic and social strategies. The ultimate aim of these combined strategies will be the de-normalisation of tobacco use amongst those populations at most risk of tobacco-related harm.

The need for a comprehensive, multi-stranded and sustained programme of tobacco control is recognised in the World Health Organisation’s (WHO) Framework Convention for Tobacco Control (FCTC). Comprehensive tobacco control plans are built upon six internationally recognised strands, which are:

- Preventing the promotion of tobacco by enforcing bans on tobacco advertising, promotion and sponsorship
- Making tobacco less affordable
- Effective regulation of tobacco products and clamping down on illicit supplies
- Helping smokers to quit
- Reducing exposure to second-hand smoke
- Effective communications to improve awareness of the harm caused by tobacco

This three year strategy sets out a range of actions across the following three themes:

Prevention

We will continue to deliver effective communication and education campaigns to increase awareness of the risk of smoking and prevent uptake of tobacco use.

We will work towards creating environments where young people and adults choose not to smoke.

We will continue to train the wider public health workforce on the harms of smoking tobacco and second hand smoke so that they have the skills to intervene early.

Protection

We will work with the wider public health workforce to reduce exposure to and protect people from second-hand smoke.

We will work with Partners to reduce the availability and supply of tobacco products to children and young people.

We will work with Partners to ensure compliance with Smokefree and tobacco sales legislation.

We will work with partners to reduce supply and demand for illegal tobacco.
Cessation

We will continue to support all smokers who wish to quit tobacco.

We will continue to deliver high quality social marketing campaigns, increasing motivation amongst those who are contemplating a quit attempt.

We will work with other health care professionals to deliver a brief Smokefree intervention, Making Every Contact Count.

We will ensure services meet the needs of communities with high smoking prevalence including routine and manual workforce, deprived communities and mental health service users.

We will ensure that all Smokefree Services reach out to users of electronic nicotine delivery devices who wish to quit tobacco.

We will continue to support the Smokefree Service workforce to deliver high quality services through the provision of ongoing Continuous Professional Development.
3. A call to action

Health Burden

As a population we’re living longer but spending more years in ill-health. The burden of disease is an indication of the number of years of life lost to disease (mortality) and the number of years lived with disability (morbidity) as a result of disease. Tobacco use is the single greatest cause of preventable death in England, killing over 80,000 people per year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections[1]. In general, behavioural risk factors make the greatest contribution to years lost to death and disability, tobacco use being the leading risk factor.

Reducing Avoidable Deaths

Health Inequalities

Higher smoking prevalence is strongly correlated with areas of socio-economic deprivation. Smoking is highest amongst younger males from the routine and manual occupations, communities of mixed-heritage and minority groups such as LGBT.

The number of people who smoke in South Gloucestershire has declined from 19.8% in 2010 to 13.9% 2014[2]. However smoking prevalence in the most deprived communities remains
disproportionately high, approximately 24.6% in the most deprived areas compared to 10.6% in the least deprived areas[3].

In addition to smokers who fall within the lowest income brackets, smoking rates are much higher in other sub-groups of the population. Smoking is responsible for the largest proportion of the excess mortality of people with mental illness. Prevalence in this group is much higher than in the general population; 32% of people with a common mental disorder smoke, and rates are even higher in people with more severe disease. Furthermore, current smoking is associated with an increased risk in the onset of depression and anxiety disorders, and smokers are 50% more likely to suffer from a mental disorder than non-smokers[4]. Of the 10 million smokers in the UK today, almost one in three reports mental health problems[5]. However, smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke[6].

Success will not be achieved through any one measure, and whole population approaches such as regulation must be supported by interventions which are driven by, and meet the needs of, local communities.

Costs to society

Every year it is estimated that smoking costs South Gloucestershire £57.5 million, which equates to £1,923 per smoker per year (ASH Ready Reckoner, 2015). This total amount has been broken down in chart 1 below.

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost South Gloucestershire £5 million each year. This represents £2.8m in costs to the local authority and £2.1m in costs to individuals who self-fund their care. Smoking related disease cost the local NHS economy £7.95m per year.

Chart 1: Estimated cost of smoking in South Gloucestershire (£millions).
Source: ASH Ready Reckoner tool[7].

<table>
<thead>
<tr>
<th>Estimated cost of smoking in South Gloucestershire (£millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost productivity (smoking breaks)</td>
</tr>
<tr>
<td>Lost productivity (early deaths)</td>
</tr>
<tr>
<td>Smoking-related disease (NHS)</td>
</tr>
<tr>
<td>Smoking-related social care</td>
</tr>
<tr>
<td>Lost productivity (sick days)</td>
</tr>
<tr>
<td>Smoking-related fires</td>
</tr>
<tr>
<td>Passive smoking</td>
</tr>
</tbody>
</table>

Vision

Our vision is for a Smokefree South Gloucestershire where future generations are protected from
tobacco related harm and live longer, healthier lives. We believe this comprehensive tobacco control strategy will support all South Gloucestershire’s communities in moving towards a future free from tobacco.


4. How we will deliver

South Gloucestershire’s aspiration is to create a Tobacco-free Generation by 2025. Our focus is to continue to promote the shift in social attitudes so that choosing not to smoke is the normal thing no matter who you are or where you live. Continuing to reduce the attractiveness of tobacco, particularly to young people is an important part of this. However whilst this strategy has a focus on prevention we are committed to providing the very best services for those who wish to stop smoking, working to reduce prevalence through prevention and cessation services.

Alongside this work we need to maintain our focus on protecting people, especially children from the harms of second-hand smoke. It is important that individuals, families and communities share and contribute to our vision of a tobacco-free generation and communicating this widely will remain a key area of work.

This strategy sets out a challenging programme for Tobacco Control and will require action from partners from across Local Government, Trading Standards, Environmental Health, NHS England, CCG and the Third Sector, both individually and in partnership.

Progress to date

Timeline of key Tobacco Control interventions in recent years.

- **2002** The EU Directive on tobacco advertising was adopted with new large health warning appearing on cigarette packaging in early 2003.

- **2007** The Government announced that the legal age for the purchase of tobacco will be raised to 18 years from 1st October 2007.

- **2012** Regulation prohibiting the display of tobacco in large stores under the Health Act 2009.
came into force. Small shops had until April 2015 to comply with the legislation.

2015  Smoking in cars with children under the age of 18 present came into force 1st October 2015.

2016  Standardised packaging regulations will come into force from May 2016

Prevention

Smoking is an addiction largely taken up in childhood and adolescence. Two-thirds of smokers say they began smoking before the age of 18. Nine out of ten started before the age of 19[1].

If smoking is seen by young people as a normal part of everyday life, they are much more likely to become smokers themselves. Research tells us that ‘a 15 year old living with a parent who smokes is 80 per cent more likely to smoke than those living in a household where no one smokes’ [2].

This strategy will focus on a life course approach to prevention, working with a range of partners who can impact in this area. As a result of this strategy, a range of interventions aimed at preventing the uptake of smoking in young people will be delivered and are captured in the action plan.

![Smokers start young](image)

A person’s ability to stay Smokefree and their decision to quit smoking is influenced by their social network. Research suggests that smoking cessation spreads through social networks just as smoking does. Cost effective campaigning uses the power of social networks in the local community. It does this by empowering people to create Smokefree environments and motivating and encouraging smokers to quit, supporting them through their attempt. Utilising the Return on Investment Tool available from The National Social Marketing Centre demonstrates that the current level of investment in social marketing delivered by Smokefree South Gloucestershire saves the public sector approximately £370,000 per lifetime health gain.
We will continue to deliver effective communication and education campaigns to increase awareness of the risk of smoking and prevent uptake of tobacco use. We will work towards creating environments where young people and adults choose not to smoke. We will continue to train the wider public health workforce on the harms of smoking tobacco and second hand smoke so that they have the skills to intervene early.

Protection

Smoking is harmful not only to smokers but also to the people around them. Children from less affluent backgrounds suffer greater levels of exposure to second-hand smoke when growing up. Infants of parents who smoke are more likely to suffer from serious respiratory infections such as bronchitis, symptoms of asthma and problems of the ear, nose and throat. Exposure to smoke in the womb is also associated with psychological problems in childhood[3].

Importantly, evidence from three Cochrane systematic reviews identified that legislative smoking bans in public and workplaces do not change self-reported exposure to second-hand smoke in the home.
Smoking cessation and the development of Smokefree settings should be a priority where prevalence is high and where the client group requires the most support. This includes the home, mental health units and prisons. The latter, can be promoted via Smokefree grounds and buildings and with on-site stop smoking support.

Access to easily available and cheaply priced illicit tobacco undermines the drive to discourage smoking. Tackling illicit tobacco involves local police, Trading Standards as well as national bodies such as Her Majesty’s Revenue and Customs (HMRC) and the UK Border Agency. This area of work covers everything from underage sales to counterfeit and smuggled tobacco. The illicit trade in tobacco covers a wide range of activities that includes:

- Smuggling - this covers the unlawful movement of tobacco products from one jurisdiction to another, without applicable tax being paid.

A special category of tobacco smuggling involves cheap/illicit whites – these are lawfully produced in one country, with tax often paid in that country but are intended for smuggling into countries with higher tax rates.

- Counterfeiting - this covers the illegal manufacturing of an apparently lawful and well-known product, with apparent ‘trademarks’, but without the owners’ consent.
- Bootlegging - this covers cases where tobacco products are legally bought in one country and then transported to another with a higher tax rates, in amounts beyond those reasonable for personal use.
- Illegal manufacturing - this covers cases where tobacco products are manufactured without declaration to the relevant authorities

**Protection**

We will work with the wider public health workforce to reduce exposure to and protect people from second-hand smoke

We will work with Partners to reduce the availability and supply of tobacco products to children and young people

We will work with Partners to ensure compliance with Smokefree and tobacco sales legislation

We will work with partners to reduce supply and demand for illegal tobacco
The importance of settings

64% of people in mental health settings smoke

80% of people in prisons smoke – four times the national average


5. Cessation

Who smokes?

In South Gloucestershire approximately 13.9% of the adult population smoke. This equates to approximately 30,000 people over the age of 18 years.

Approximately 6.8% of children between the ages of 11 and 15 years are regular smokers[1]. To improve a smoker’s chance of quitting they need access to effective services and therapies, supportive social networks and smokefree environments.

Local stop smoking services offer the best chance of success. Smokers are up to 4 times more likely to quit using Smokefree Services than going it alone with no help or using over the counter nicotine replacement therapy (NRT). However, unfortunately most people still try to quit either with no support or with NRT bought from a shop, rather than accessing the more effective routes that we know increase success rates. Nationally the number of people using Stop Smoking Services is falling and this picture is also reflected in the number of people setting a quit date through Smokefree South Gloucestershire. Stop smoking services need good referral routes and other health professionals such as GPs, midwives, pharmacists, dental teams and mental health staff are well placed to refer smokers to services.

Throughout the NHS, healthcare professionals should feel confident and competent to ask about smoking and signpost patients towards effective support to quit. Services also need to be responsive to local needs and targeted to provide the right support to the people who need it most.

- We will support all smokers who wish to quit tobacco
- We will continue to deliver high quality social marketing campaigns, increasing motivation amongst those who are contemplating a quit attempt
- We will work with other health care professionals to deliver a brief Smokefree intervention, Making Every Contact Count
• We will ensure services meet the needs of communities with high smoking prevalence including routine and manual workforce, deprived communities and mental health service users
• We will ensure that all Smokefree Services reach out to users of electronic nicotine delivery devices who wish to quit tobacco
• We will continue to support the Smokefree Service workforce to deliver high quality services through the provision of ongoing Continuous Professional Development

6. Electronic nicotine delivery devices

Many people are choosing to use electronic nicotine delivery devices (commonly referred to as e-cigarettes) to help them quit tobacco, even though there are alternative nicotine replacement licensed medicines available. Regular electronic cigarette use is confined almost entirely to current smokers and ex-smokers. Three in five users are current smokers, two in five are ex-smokers who have switched to vaping. According to the Smoking Study Toolkit electronic nicotine delivery devices are now the most popular quitting aid, and there is emerging evidence indicating that they can be effective for this purpose (PHE E-Cigs). As the lead authority, South Gloucestershire Council are keeping pace with developments in this area and a rolling position statement can be found on our website [www.southglos.gov.uk/smokefree](http://www.southglos.gov.uk/smokefree)

- We will continue to monitor uptake of electronic nicotine delivery devices
- We will work with our partners to promote access to safe regulated products
7. Measuring progress

This strategy will have an impact on the following measures included in the Public Health Outcomes Framework. Reporting will be measured through the Public Health & Wellbeing Division Performance Monitoring System.

- **PHOF 1.09i** Sickness absence
- **PHOF 1.01ii** Number of children in poverty
- **PHOF 2.01** Number of low birthweight babies
- **PHOF 2.03** Number of pregnant women smoking at time of delivery
- **PHOF 2.14** Smoking prevalence rates for adults
- **PHOF 2.09ii** Smoking prevalence rates for children
- **PHOF 4.01** Infant mortality
- **PHOF 4.03** All-cause preventable mortality
8. Governance

The aim of this strategy is to secure a collective approach to Tobacco Control and reduce the harms caused by tobacco. The responsible working group will be South Gloucestershire’s Tobacco Control Alliance. The Alliance will establish a comprehensive delivery plan that will demonstrate clear accountability and risk management against each of the three workstreams. The plan will be reviewed bi-annually with an annual report made to South Gloucestershire’s Health & Wellbeing board. We will review our performance, learn from experiences, build on achievements and adapt the plan as necessary. We will gather evidence from our local initiatives and build on what we know works for our communities of South Gloucestershire.